

NEW, RENEWAL, DUPLICATES AND REPLACEMENTS, PERMIT, CLASS O (Car), CLASS M (Motorcycle) and STATE ID CARD DATA FORM

COMPLETE INFORMATION – PLEASE PRINT

					Date of Birth			Social Security Number				
					Month	Day	Year					
LAST NAME				FIRST NAME				MIDDLE INITIAL		SUFFIX (JR, SR, 1ST, 2ND, 3RD)		
CURRENT RESIDENTIAL ADDRESS REQUIRED (Street address or Route <u>and</u> P.O. Box)						CITY			STATE		ZIP CODE	
CURRENT MAILING ADDRESS (If different from residential address)						CITY			STATE		ZIP CODE	
COUNTY NUMBER	GENDER	HEIGHT		WEIGHT		EYE COLOR	HAIR COLOR	RACE				
		FT.	IN.									
	<input type="checkbox"/> M <input type="checkbox"/> F							<input type="checkbox"/> BLACK <input type="checkbox"/> WHITE	<input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> ASIAN OR PACIFIC ISL	<input type="checkbox"/> OTHER <input type="checkbox"/> HISPANIC		

For the purposes of complying with Neb. Rev. Stat. 60-484.04, I attest:

I am a citizen of the United States..... ☐ Yes ☐ No
OR
 I am not a citizen of the United States, but do have lawful status and agree to provide valid documentary evidence of such as outlined in 60-484.04..... ☐ Yes ☐ No

Please answer the following motor voter/veteran designation/organ and tissue donation questions (answers are optional).

- 1A. Do you wish to register to vote as part of this application process? (You only need to re-register if you have changed your name, address or political party.)..... ☐ Yes ☐ No
- 1B. Do you wish to have the word "Veteran" displayed on the front of your operator's license or state identification card to show that you served in the armed forces of the United States? (To be eligible you must register with the Nebraska Department of Veterans' Affairs Registry). ☐ Yes ☐ No
2. Do you wish to be an organ and tissue donor? ☐ Yes ☐ No
3. Do you wish to receive any additional specific information regarding organ and tissue donation?.... ☐ Yes ☐ No
4. Do you wish to donate \$1 to promote the Organ and Tissue Donor Awareness and Education Fund?..... ☐ Yes ☐ No

You must answer the following medical questions if you are applying for a permit, Class O license or Class M license or endorsement. DO NOT answer if you are applying for a State ID Card, duplicate or replacement.

5. Have you within the last three months (e.g. due to diabetes, epilepsy, mental illness, head injury, stroke, heart condition, neurological disease, etc.):
- A. lost voluntary control or consciousness (date: _____)..... ☐ Yes ☐ No
 - B. experienced vertigo or multiple episodes of dizziness or fainting ☐ Yes ☐ No
 - C. disorientation ☐ Yes ☐ No
 - D. seizures (date: _____)..... ☐ Yes ☐ No
 - E. impairment of memory, memory loss..... ☐ Yes ☐ No
6. Do you experience any condition which affects your ability to operate a motor vehicle due to loss or impairment of:
- A. foot/leg..... ☐ Yes ☐ No
 - B. upper body strength..... ☐ Yes ☐ No
 - C. range of motion/mobility..... ☐ Yes ☐ No
 - D. hand/arm..... ☐ Yes ☐ No
 - E. neurological/neuromuscular disease..... ☐ Yes ☐ No
7. Since the issuance of your last license/permit, has your health or medical condition worsened? ☐ Yes ☐ No

You must answer the following questions if you are applying for a school learner's permit or a school permit:

How far do you live from school? (_____)

Is your home or the school you attend in a city of 5,000 or less? ☐ Yes ☐ No